

## Media Report 18 Feb 2022

This weeks media reports will cover and answer great questions veterans are still asking such as **Frequently asked questions regarding COVID-19 in Ottawa**. Due to ongoing and evolving COVID-19 pandemic callers may experience increased wait times when calling the Government of Canada Pension Center. Callers may also experience dropped calls, as all telecommunication networks across Canada are presently facing capacity challenges. and local Media Articles and An illness or injury can have an impact on your ability to adjust to life after service. We all need healthcare services. The Treatment benefits program provides coverage for a variety of benefits and services to help you get—and stay healthy. Have you made an application for disability benefits from Veterans Affairs Canada and received a decision? If you disagree with that decision, you have the right to review or appeal

### **IN THE NEWS**

[CWO Martin Rousseau appointed Military Personnel Command Chief Warrant Officer](#)

[Canada relocated its military trainers in Ukraine in response to fears of Russian invasion](#)

[Ottawa ne sera pas pris au dépourvu face à la crise ukrainienne, assure Anand](#)

[Canadian military moves toward inclusivity, adds feminine versions of ranks in French](#)

[Canadian military's plan to donate Buffalo aircraft to Ottawa aviation museum may be derailed](#)

[Oakville, Burlington, Milton, Halton Hills students thank military veterans with Valentine's message](#)

[Partager son savoir, de Waterloo à l'Ukraine](#)

[Canadian military cuts dozens of unvaccinated troops, puts hundreds more on notice](#)

[Tunneling robot speeds installation of underground utilities](#)

<https://nofrackingconsensus.com/2022/02/11/veterans-stand-on-guard-for-freedom/>

### **Base/Wing — Newspaper**

14 Wing Greenwood — [The Aurora](#)      17 Wing Winnipeg — [The Voxair](#)

22 Wing North Bay — [The Shield](#)      CFB Halifax — [The Trident](#)

4 Wing Cold Lake — [The Courier](#)      CFB Edmonton — [The Western Sentinel](#)

CFB Esquimalt — [The Lookout](#)

CFSU Ottawa — [The Guard](#)

CFB Shilo — [The Shilo Stag](#)

19 Wing Comox — [The Totem Times](#)

8 Wing Trenton — [The Contact](#)

CFB Petawawa — [The Petawawa Post](#)

CFB Valcartier — [The Adsum](#)

CFB Kingston — [Garrison News](#)

CFB St Jean — [The Servir](#)

3 Wing Bagotville — [The Vortex](#)

CFB Borden — [The Citizen](#)

### **Korean War Vets revisit program.**

Burial in UN Memorial Park in Korea.pdf  
279.9 KB

Burial in UN Memorial Park in Korea.pdf  
279.9 KB

Revisit Korea 2022.pdf  
1.3 MB

2 Attachments Download all as ZIP

Received from Jack Shapka. Some of our members may have served in the Korean conflict, and be interested in this mostly free program. The numbers qualifying are very limited.

Could we send all of the attached info or the covering letter and portions of the rest attached to the next Media Report?

Thank you

Matt

**PRESIDENTS REPORT.**

NVOC is invited to join a “Teams” [ think ZOOM] meeting with the DM VAC and senior officials on Friday 18 Feb.

- **The issues of Military Sexual Misconduct and Military Sexual Trauma have been front and centre and work continues on a substantive response led by survivors and the implementation of supports by Veterans Affairs Canada.**
- **Processing times, and the level of service the Department can deliver to Veterans through case management and other supports remains the priority. NVOC will seek a response on how the recently added staff are not being funded into the new Fiscal Year. There are almost 300 staff who do not have contract extensions after March 31st.**
- **The new Advisory Group members have not been announced. NVOC has submitted Hammy and myself as potential members of one of the six Groups. We seek NVOC**

**membership with a goal of reconvening meetings in the near term.**

- **Long-term care remains an issue of concern.**
- **Service delivery and reducing the backlog remain a concern.**

## **NATO NEWS AND THOUGHTS [From SHELLDRAKE] 18 February 2022**

**NATO Defence Ministers reaffirm their strong commitment to open door policy, and the importance of partnerships. Today (17 February 2022), NATO Defence Ministers “met with our close partners Ukraine and Georgia; we addressed the continued threat of Russian aggression, the deteriorating security situation in the Black Sea region, and NATO’s strong political and practical support for both countries,” NATO Secretary General Jens Stoltenberg said.**

*“Allies confirmed that NATO’s door remains open; any decision on NATO membership is for NATO Allies and aspirant countries to take; nobody else,” he added. “NATO Allies restated their strong support for the sovereignty and territorial integrity of both Georgia and Ukraine. We cannot accept a return to an age of spheres of influence, where big powers bully, intimidate, or dictate to others. There can be no*

*decisions about Ukraine without Ukraine; and no decisions about Georgia without Georgia,”* the Secretary General highlighted.

In the final session of this ministerial gathering, NATO Defence Ministers also met with the Defence Ministers of Finland and Sweden and with the High Representative of the European Union for Foreign Affairs and Security Policy and Vice-President of the European Commission.

*“NATO remains prepared for dialogue,”* the Secretary General said. *“NATO has sent concrete written proposals to Russia, on transparency, risk reduction and arms control. We have yet to receive a response. I reiterate my invitation to Russia to meet again in the NATO-Russia Council. NATO will not compromise on core principles; the right of each nation to choose its own path and our ability to protect and defend all Allies,”* he pointed out. The Secretary General said that *“Ministers also welcomed the progress made on burden-sharing, with the seventh consecutive year of increased defence spending by European Allies and Canada.”*  
*Thank you Randy*

## **Hearing Loss and Ear Impairment**

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### Introduction

This chapter provides criteria for assessing permanent impairment from entitled conditions of the ears (hearing loss, otitis media/otitis externa (otalgia/otorrhea), tinnitus

and/or vertigo/disequilibrium). The table for rating vertigo/disequilibrium from central and peripheral causes is contained within this chapter. Impairment from malignant ear conditions is rated within [Chapter 18](#), Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

**Rating Tables**

This chapter contains one "Loss of Function" table and three "Other Impairment" tables which may be used to rate entitled hearing loss and ear conditions. The tables within this chapter are:

**Rating Tables**

Table	Loss of Function	Other Impairment
<a href="#">Table 9.1</a>	Loss of Function - Hearing Loss	This table is used to rate impairment from hearing loss.
<a href="#">Table 9.2</a>	Other Impairment - Otitis Media/Otitis Externa (Otagia/Otorrhea) and Eustachian Tube Dysfunction.	This table is used to rate impairment from otitis media/otitis externa (otalgia/otorrhea) and eustachian tube dysfunction.
<a href="#">Table 9.3</a>	Other Impairment - Tinnitus	This table is used to rate impairment from tinnitus.
<a href="#">Table 9.4</a>	Other Impairment - Vertigo/Disequilibrium	This table is used to rate

impairment  
from  
vertigo/disequi  
librium.

## Loss of Function - Hearing Loss

[Table 9.1](#) is used to rate impairment from hearing loss.

Hearing loss is generally entitled as a bilateral condition, with hearing in both ears contributing to a functional loss. Only one rating may be selected from this table for bilateral hearing loss.

Occasionally, a rating will be required for hearing loss in one ear (monaural) only.

There are three types of hearing loss (e.g. conductive, sensorineural or mixed). Total hearing impairment, regardless of the cause, is included in the impairment criteria. Air conduction decibel values are used in the calculation of the decibel sum hearing loss (DSHL). When there is a significant difference between masked and unmasked air conduction values, the masked values should be used in assessing the impairment.

For determination of assessment of a hearing loss disability one must calculate the DSHL. The DSHL is calculated over the following four frequencies: 500 htz, 1000 htz, 2000 htz and 3000 htz. A DSHL is calculated for each entitled ear. The DSHL is obtained by adding the decibel loss in hearing at the four mentioned frequencies in each entitled ear. A non-entitled ear is considered to have a DSHL of 95. The DSHL is used in conjunction with [Table 9.1](#) to rate the extent of hearing loss disability.

When entitled hearing loss conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

## Other Impairment - Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction

[Table 9.2](#) is used to rate impairment from otitis media, otitis externa (otalgia/otorrhea) and eustachian tube dysfunction. Only one rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

When entitled otitis media/otitis externa (otalgia/otorrhea) and eustachian tube dysfunction conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.



## Other Impairment - Tinnitus

[Table 9.3](#) is used to rate impairment from tinnitus. Only one rating may be selected. If more than one rating is applicable, the ratings are compared and the highest selected.

When entitled tinnitus conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## Other Impairment - Vertigo/Disequilibrium

[Table 9.4](#) is used to rate impairment from vertigo and disequilibrium conditions. Only one rating may be selected. If more than one rating is applicable, the ratings are compared and the highest selected.

When entitled vertigo/disequilibrium conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this table.

## Table 9.1 - Hearing Loss and Ear Impairment

[PDF Version](#)

## Table 9.2 - Other Impairment - Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction

Only one rating may be given from Table 9.2 for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 9.2, only one criterion must be met at a level of impairment for that rating to be selected.

Table 9.2 - Other Impairment - Otitis Media/Otitis Externa (Otalgia/Otorrhea) and Eustachian Tube Dysfunction

Rating	Criteria
Nil	<ul style="list-style-type: none"><li>• One episode of otitis media/otitis externa (otalgia/otorrhea) treated successfully with no recurrence; <b>or</b></li><li>• One episode of eustachian tube dysfunction treated successfully with no</li></ul>

recurrence.

- Two
  - Intermittent symptoms of otitis media/otitis externa (otalgia/otorrhea) requiring periodic treatment; **or**
  - Intermittent symptoms of eustachian tube dysfunction requiring periodic treatment.
- Five
  - Continuous symptoms of otitis media/otitis externa (otalgia/otorrhea) requiring ongoing treatment; **or**
  - Continuous symptoms of eustachian tube dysfunction requiring ongoing treatment.

### Table 9.3 - Other Impairment - Tinnitus

Only one rating may be given from Table 9.3. If more than one rating is applicable, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 9.3, all criteria designated beside each bullet (•) must be met.

Table 9.3 - Other Impairment - Tinnitus

Rating	Criteria
Nil	<ul style="list-style-type: none"><li>• Occasional tinnitus, present less than once a week affecting one or both ears.</li></ul>
One	<ul style="list-style-type: none"><li>• Occasional tinnitus, present at least once a week affecting one or both ears.</li></ul>
Three	<ul style="list-style-type: none"><li>• Intermittent tinnitus, present daily, but not all day long, affecting one or both ears.</li></ul>
Five	<ul style="list-style-type: none"><li>• Continuous tinnitus, present all day and all night, affecting one or both ears, but does not require use of a masking device</li></ul>
Ten	<ul style="list-style-type: none"><li>• Continuous tinnitus, present all day and all night, every day, affecting one or both ears, and requires a masking device and/or prescribed medication</li></ul>

### Table 9.4 Other Impairment - Vertigo/Disequilibrium

Only one rating may be given from Table 9.4. If more than one rating is applicable, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 9.4, all criteria designated beside each bullet (•) must be met.

Table 9.4 - Other Impairment - Vertigo/Disequilibrium

Rating	Criteria
Nil	<ul style="list-style-type: none"><li>• Past history of vertigo/disequilibrium, but no current symptoms.</li></ul>
Five	<ul style="list-style-type: none"><li>• Intermittent symptoms of vertigo/disequilibrium with or without objective findings such as nystagmus and ataxia; <b>and</b></li><li>• Activities of daily living are performed without assistance.</li><li>• Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; <b>and</b></li></ul>
Ten	<ul style="list-style-type: none"><li>• Usual activities of daily living are performed without assistance although activities requiring balance and precision, such as bike riding, climbing ladders, etc., cannot be performed.</li></ul>

- Thirty

  - Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; **and**
  - Activities of daily living cannot be performed without assistance, but remains able to walk short distances and perform simple self care activities such as eating, washing face and hands, and simple household duties such as dusting, sweeping floor.
- Sixty

  - Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; **and**
  - Activities of daily living such as washing face, brushing teeth, combing hair cannot be performed without assistance. Can no longer walk even short distances without assistance.
- Eighty-five

  - Symptoms of vertigo/disequilibrium are present on a daily basis with supporting objective findings such as nystagmus and ataxia; **and**
  - Activities of daily living must be performed by caregiver; **and**
  - Member/Veteran/Client is confined to home and premises.

## **Steps to Determine Hearing Loss and Ear Impairment Assessment**

- Step 1: Determine total DSHL for each ear.
  - Step 2: Determine the rating from [Table 9.1](#) (Loss of Function - Hearing Loss).
    - Step 3: Determine the Quality of Life rating.
    - Step 4: Add the ratings at Step 2 and Step 3.
  - Step 5: If partial entitlement exists, apply to rating at Step 4.
- This is the Disability Assessment for hearing loss.
- Step 6: Determine the rating from [Table 9.2](#) (Other Impairment - Otitis Media/Otitis Externa (Otagia/Otorrhea) and Eustachian Tube Dysfunction).
  - Step 7: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 6.
    - Step 8: Determine the Quality of Life rating.
    - Step 9: Add the ratings at Step 7 and Step 8.
  - Step 10: If partial entitlement exists, apply to rating at Step 9.

This is the Disability Assessment for otitis media/otitis externa (otalgia/otorrhea) and eustachian tube dysfunction.

Note: If more than one entitled condition requires assessment from Table 9.2, Steps 6 - 10 must be repeated.

- Step 11: Determine rating from [Table 9.3](#) (Other Impairment - Tinnitus).
- Step 12: Does the Partially Contributing Table apply? If Table apply? If yes, then apply to rating at Step 11.
  - Step 13: Determine the Quality of Life rating.
  - Step 14: Add the ratings at Step 12 and Step 13.
- Step 15: If partial entitlement exists, apply to rating at Step 14.

This is the Disability Assessment for tinnitus.

- Step 16: Determine the rating from [Table 9.4](#) (Other Impairment - Vertigo/Disequilibrium).
- Step 17: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 16.
  - Step 18: Determine the Quality of Life rating.
  - Step 19: Add the ratings at Step 17 and Step 18.
  - Step 20: If partial entitlement exists, apply to rating at Step 19.

This is the Disability Assessment for vertigo/disequilibrium.